

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : William Suttle Peters et al.
Title : An Intraluminal Inflatable Counter-Pulsation Heart Assist Device
Docket No. : 13634.4003
Customer No. : 34313

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL

1. Type of Application
This new application is for a(n)
☒ Original (non provisional)
☐ Design
☐ Plant
2. ☒ Applicant claims small entity status. See 37 CFR 1.27
3. ☒ Specification, including Description, Claims and Abstract (Total Page: 12)
4. ☒ Drawing(s) (35 USC 113) (Total sheets 4)
5. Oath or Declaration
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)
 - i. ☐ Deletion of Inventors (Signed statement attached deleting inventors(s) named in the prior application.) See 37 CFR 1.63(d)(2) and 133 (b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

CERTIFICATE OF MAILING
37 CFR §1.10

Date: August 4, 2003
Express Mailing Label No.: EV 339738458 US

I hereby certify that on the dated listed above, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service in accordance with 37 C.F.R. § 1.10 as "Express Mail Post Office to Addressee," with sufficient postage in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Lynne Fulmer

Lynne Fulmer

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7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission (if application, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ Paper
- c. ☐ Statement verifying identity of above copies
9. X An assignment of the invention to Sunshine Heart Company Pty Ltd.
☐ is attached. A separate ☐ "COVERSHEET FOR ASSIGNMENT (DOCUMENT) ACCOMPANYING NEW PATENT APPLICATION" or ☐ FORM PTO 1595 is also attached.
X will follow with the MISSING PARTS
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) (Power of Attorney by Assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement/PTO 1449 (or PTO/SB/08a),
☐ Copies of citations
13. ☐ Preliminary Amendment
14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. X Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Non-publication Request under 35 USC 122 (b)(2)(B)(i) (Applicant must attach form PTO/SB/35 or its equivalent)
17. ☐ Other

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.

_____/_____, filed _____.

Prior application information:

Examiner: _____ Group Art Unit: _____

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For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. Fee Calculation: TOTAL AMOUNT OF PAYMENT: _____

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☐ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

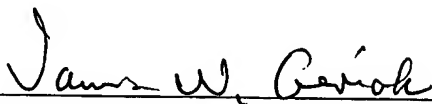
| | | | | | | |
|--|-------|-----------------|--------------------------|---|---|---------------------|
| BASIC FILING FEE: | | | | | | \$750.00 |
| Total Claims | 27 | - | 20 | = | 7 | x \$18.00 \$ 126.00 |
| Independent Claims | 2 | - | 3 | = | 0 | x \$84.00 \$00.00 |
| Multiple Dependent Claims | \$280 | (if applicable) | <input type="checkbox"/> | | | \$ 0.00 |
| TOTAL OF ABOVE CALCULATIONS | | | | | | \$876.00 |
| Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input checked="" type="checkbox"/> | | | | | | \$438.00 |
| Assignment -- \$40 (if applicable) <input type="checkbox"/> | | | | | | \$0.00 |
| TOTAL FEES SUBMITTED | | | | | | \$438.00 |

C. X This application is being filed without fee or Declaration under 37 CFR §1.53.

20. Correspondence Address
☒ Customer Number. 34313

Respectfully submitted,

Dated: August 4, 2003


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